Department of Taxation and Finance

## Eligible Employee Information for the Minimum Wage Reimbursement Credit Attachment to Form IT-639

IT-639-ATT

Submit this form with Form IT-639 if you have more employees to report in Schedule A, Part 1 or Part 2 of that form.
See Form IT-639-I, Instructions for Forms IT-639 and IT-639-ATT, Schedule A, Parts 1 and 2, for assistance.

| Name(s) as shown on return | Identifying number as shown on return |
| :--- | :--- |
| Business name |  |
|  | Employer identification number (EIN) |

## Part 1 - Credit for hours worked when the federal minimum wage does not exceed $85 \%$ of the New York State (NYS) minimum wage (submit additional Form(s) IT-639-ATT, if necessary)

A Total number of employees listed on this page $\qquad$


| A <br> Name of eligible employee |  | B <br> Employee <br> work location <br> ZII code <br> (first 5 digits only) | C <br> Social security number of eligible employee | D <br> Hours worked at the NYS minimum wage rate |
| :---: | :---: | :---: | :---: | :---: |
| First name | Last name |  |  |  |
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## Part 2 - Credit for hours worked when the federal minimum wage exceeds $85 \%$ of the NYS minimum wage (submit additional Form(s) IT-639-ATT, if necessary)

B Total number of employees listed on this page ....................................................................................................... $\square$

| A <br> Name of eligible employee (First initial, last name) | B <br> Employee work location ZIP code (first 5 digits only) | C <br> Social security number of eligible employee | D Hours worked at the NYS minimum wage rate | E NYS minimum hourly wage rate | F <br> Federal minimum hourly wage rate |  |  | H <br> Credit amount (column D $\times$ column $G$ ) |  |
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